



Mobile Food Unit Permit Application Overview

The following packet contains a list of instructions and requirements that must be met before submittal of an application for a mobile food unit health permit. Included is, a overview information, application and addendum to application. Please take time to review the packet.

The Food Regulations are available on the Virginia Department of Health website, <http://vdhweb/oehs/food/regs-table.htm>.

All items must be addressed. Please sign & return the application and provide the requested information the checklist and other required materials/plans to our office. An environmental health specialist will be assigned your review when all required materials have been received, no more than 5 working days upon receipt.

Mobile Food Unit Permit Application Overview

Who: Mobile trucks / chuck wagons / food trailers / hot dog cart / pushcart

When: Food vendors who operate seasonally or year round.

What: Vendor must work from an approved commissary or other approved facilities used for daily dishwashing, product supply / storage, and water supply / wastewater disposal.

The applicant must submit the following **forms** annually. All forms and lists must be completed and signed before scheduling an appointment for a final approval inspection.

- 1) Menu list, such as, cold sandwiches, prepackaged snack foods, coffee, canned / bottled drinks, chili, stew, etc. Food items must be labeled and from an approved source.
- 2) Application Supplement Form
- 3) Health Department Permit Application completed, signed and dated. The Vehicle ID Number (VIN) and the license plate number must be on the application.
- 4) Mobile Route Schedule with addresses and times at locations.
- 5) A \$40.00 Permit Fee
- 6) The mobile unit must have the following **equipment / facilities**:
 - A) Hot and cold running water; wastewater tank with drain plug.
 - B) Separate hand sink, hand soap, paper towels.
 - C) Three basin sink for dishwashing; soap, sanitizer, sanitizer test kit.
 - D) Metal stem product thermometer(s) accurate within 2 °F.
 - E) Equipment / supplies based on menu items:
 - Electric refrigeration or drained ice for cold foods (41°F or less).
 - Hot holding unit for hot foods (minimum 140°F).
 - Approved storage for disposable cups/bowls, etc. Wrapped disposable flatware / coffee stirrs.
 - Condiments in squeeze bottles or individual packets.

See the *Rules and Regulations Board of Health - Governing Restaurants* for a more complete requirement description. Inspections are at the Health Department or on site. An annual permit is mailed out only after ALL paper is submitted, and an "approved for permit" inspection is completed. An Itinerant Vendor's Business License is be required by the County Treasurer's Office.

Loudoun Health Dept, PO Box 7000, 1 Harrison St SE, Leesburg, VA 20177
(703)777-0234, Fax (703)771-5023

Commonwealth of Virginia



Application for a Department of Health Food Establishment Permit

Application for a: ☐ New establishment ☐ Renewal ☐ Name change ☐ Change of owner ☐ \$40 Fee

Establishment Name: _____

Establishment Address: _____ City: _____ State: _____ Zip: _____

Establishment Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____

Establishment I. D. #: _____

Legal Ownership

Names, titles & addresses of persons comprising the legal ownership (Attach list if necessary)

Owner Name: _____ Title: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____ E-Mail: _____

Establishment Owner Is A/An: ☐ Association, ☐ Corporation, ☐ Individual, ☐ Partnership, ☐ Other

Operator

The Person Directly Responsible For the Food Establishment

Operator Name: _____ Title: _____

Operator Address: _____ City: _____ State: _____ Zip: _____

Operator Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____ E-Mail: _____

Immediate Supervisor of Operator or Local Resident Agent

Operator Name: _____ Title: _____

Operator Address: _____ City: _____ State: _____ Zip: _____

Operator Telephone No#: (____) ____ - ____ Fax No#: (____) ____ - ____ E-Mail: _____

Is the food establishment: (check appropriate box) ☐ stationary or ☐ mobile
Is the food establishment: (check appropriate box) ☐ temporary or ☐ permanent

Number of seats: _____ Hours of Operation: _____

Water Supply: (check appropriate box) ☐ Public - Name _____ or ☐ Private - Type _____

Sewage: (check appropriate box) ☐ Public - Name _____ or ☐ Private - Type _____

Does the establishment: (check Yes or No)

- (1) Prepare, offer for sale, or serve potentially hazardous food: ☐ Yes or ☐ No
(a) Only to order upon a consumer's request ☐ Yes or ☐ No
(b) In advance quantities ☐ Yes or ☐ No
(c) Using time as the public health control ☐ Yes or ☐ No
- (2) Prepare potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous food ingredients, cooking, cooling, reheating, hot or cold holding, freezing, or thawing ☐ Yes or ☐ No
- (3) Prepare food as specified under (2) for delivery to and consumption at a location off premises of the food establishment where it is prepared ☐ Yes or ☐ No
- (4) Prepare food as specified under (2) of this section for service to a highly susceptible population (i.e., the elderly, children, or those with weakened immune systems) ☐ Yes or ☐ No
- (5) Does not prepare but offers for sale only prepackaged food that is not potentially Hazardous ☐ Yes or ☐ No
- (6) Prepares only food that is not potentially hazardous ☐ Yes or ☐ No.

I/we attest to the accuracy of the information provided, affirm to comply with the Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____

Title: _____

Print Name: _____

Date: _____

<u>For Official Use Only</u>	Date	Date	EHS
	Date Released For Building Permit	_____	_____
Date Plan Review Fee Paid	Date Released For Occupancy Permit	_____	_____
	Date Approved For HD Permit	_____	_____
Date HD Permit Fee Paid	Date Issued HD Permit	_____	_____

Loudoun County Health Department 1 Harrison Street, S.E. Leesburg, VA 20177 (703) 777-0234	Foodservice Plan Review Fee \$40 Foodservice Permit Fee \$40 Make Checks Payable to VDH
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Mobile Food Unit Permit Application Overview

MOBILE ROUTE SCHEDULE

Location

Time

Duration of Stop

1.

2.

4.

5.

6.

7.

8.

Menu Items

Instructions for Completing Application for a Department of Health Food Establishment Permit

Establishment	Refers to the physical location of the food service establishment.
Establishment ID	Four digit number found on letter under heading.
Mobile Tag #	For mobile units only, the license tag number for vehicle
Mobile VIN #	For mobile units only, the vehicle identification number for vehicle on registration and dashboard by windshield.
Owner	Is the legal owner of the business. Please indicate whether the business is owned by an individual, partnership, corporation or other. If there is not enough room to list all owners, please on a separate list submit all the names, titles, and addresses of persons comprising the legal ownership.
Local Resident Agent	One may be required based on type of ownership include on the separate list of owners the name, title, and address of agent.
Operator	Refers to the person directly responsible for the food establishment.
Immediate Supervisor	Is the name of the person who is the immediate supervisor of the person listed as the operator such as the zone, district, or regional supervisor.
Potentially Hazardous Food	This is any food that can support bacterial growth and potentially make people ill if it is subjected to time or temperature abuse. If you have any questions on whether you are serving potentially hazardous food, please call us with your questions.
Time As A Public Health Control	If time only, rather than time in conjunction with temperature, is used as the public health control for a working supply of potentially hazardous food before cooking, or for ready-to-eat potentially hazardous food that is displayed or held for service for immediate consumption then; (1). The food shall be marked or otherwise identified to indicate the time that is 4 hours past the point in time when the food is removed from temperature control; (2). The food shall be cooked and served, served if ready-to-eat, or discarded, within 4 hours from the point in time when the food is removed from temperature control; (3). The food in unmarked containers or packages or marked to exceed a 4 hour limit shall be discarded; and (4). Written procedures shall be maintained in the food establishment and made available to the regulatory authority upon request
Prepackaged Foods	Foods such as chips, party mixes, and pretzels.